PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			## minus 20=		* <i>4</i>			X\$ 9=		OR	X\$18=	N
INDEPENDENT CLAIMS			(f mi	nus 3 =	* /			X43=		OR	X86=	86
Mι	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2		TOTAL		OR	TOTAL	979
CLAIMS AS AMENDED - PART II						OTHER THAN						
		(Column 1)		(Colun	nn 2)	(Column 3)		SMALL	ENTITY	OR .	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l	4.45	· · ·		.000	
								+145=		OR	+290=	
•							4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		<u>ا</u> ا	+145=		OR	+290=	•
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	•
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent	*	Minus	***		=	lt	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OH		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		ber Previously Paid					r four	nd in the app	ropriate box	in coli	umn 1.	